PLEASE COMPLETE THIS INFORMATION					
RECORD	ING RE	QUESTED BY:			
WHEN R	ECORD	ED MAIL TO:			
Name Street Address City & Sta	Γ te		7		
Zip	L				
				(space above this line	e reserved for recorder)
the attac	ched mi	ilitary discharg	ge document record of the	e that I am informed nt, all information r iis county, and that	referenced with it